

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	60001	9/3/99
O.I.P.E. CLASSIFIER		59	10/6
FORMALITY REVIEW	EPA	60185	10/1/99 11/18/00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date	
Final	Original	
1	✓	11/11/00
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3	✓	
4	✓	
5	✓	
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7	✓	
8	✓	
9	✓	
10	✓	
11	✓	
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15	✓	
16	✓	
17	✓	
18	✓	
19	✓	
20	✓	
21	✓	
22	✓	
23	✓	
24	N	
25	N	
26	N	
27	N	
28	N	
29	N	
30	N	
31	N	
32	N	
33	N	
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Claim	Date	
Final	Original	
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Claim	Date	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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